## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

H N /341 /US

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			19				- 1	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\ \ \ minus 20=		*			X\$ 9=		OR	X\$18=	-	
INDEPENDENT CLAIMS			3 minus 3 = *					X43=	-	OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL		
(Column 1)			T	(Column 2)		(Column 3)	lr	JIIALL		) i	OINALL !		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	*** PENDENT	CLAIM	=		X43=		OR	X86=		
<u></u>	THOTTHESE	INTATION OF MIC	JEIII EE JEI	LNDENT	OLAM			+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		·											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
\ME	Ind pendent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP		╏┟	+145=							
	·									OR	+290=		
		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* .	Minus			=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			222		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
	in the inighest Nur The "Highest Nurr	mber Previously Paid hber Previously Paid	io For IN IHIS I For" (Total or	Independer	ress than nt) is the	i 3, enter "3." highest number	r four	nd in the app	ropriate box	in col	umn 1.		